

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
CENTRAL COAST REGION**

NOTICE OF INTENT

**TO COMPLY WITH THE TERMS OF THE
GENERAL PERMIT FOR DISCHARGES WITH LOW THREAT TO WATER QUALITY
(NPDES PERMIT No. CAG993001, WDR ORDER No. R3-2006-0063)**

MARK ONLY ONE ITEM	1. <input type="checkbox"/> Existing Facility	3. <input type="checkbox"/> Change of Information	WDID #
	2. <input type="checkbox"/> New Facility	4. <input type="checkbox"/> Additional Discharge to Existing Low Threat to Water Quality General Permit	

I. OWNER/OPERATOR

Name:		Owner/Operator Type (Check one): <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Special District <input type="checkbox"/> Gov. Combo <input type="checkbox"/> Private	
Mailing Address:			
City:	State:	Zip:	Phone:
Contact Person:		<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner/Operator	
Email Address:		FAX:	

II. FACILITY/SITE INFORMATION

Facility Name:		County:	
Street Address:		Contact Person:	
City:	State:	Zip:	Phone:
Email Address:		FAX:	

III. BILLING ADDRESS

Send to: <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> FACILITY <input type="checkbox"/> OTHER (Enter information at right)	Name:		
	Mailing Address:		
	City:	State:	Zip:

STATE USE ONLY

WDID: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	Regional Board Office _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	Date Permit Issued: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
NPDES Permit Number: CAG993001	Order Number:	Fee Amount Received: \$
		Date NOI Received:

IV. DISCHARGE INFORMATION

Monthly discharge volume (Gallons):	Description of discharge and constituents:
Flow rate (GPD):	
Frequency & duration of discharge:	

A. Source of discharges (check all that apply) and attach a diagram of water flow through this facility:

- | | |
|---|--|
| 1. <input type="checkbox"/> Well installation, development, test pumping and purging | 8. <input type="checkbox"/> Pool water |
| 2. <input type="checkbox"/> Maintenance of water supply wells, pipelines, tanks, etc. | 9. <input type="checkbox"/> Evaporative condensate |
| 3. <input type="checkbox"/> Hydrostatic testing of water supply vessels, pipelines, tanks, etc. | 10. <input type="checkbox"/> Desalination brines |
| 4. <input type="checkbox"/> Disinfection of water supply pipelines, tanks, reservoirs, etc. | 11. <input type="checkbox"/> Seafood processing wash water |
| 5. <input type="checkbox"/> Water supply system failures, pressure releases, etc. | 12. <input type="checkbox"/> Bilge water |
| 6. <input type="checkbox"/> Fire hydrant testing or flushing | 13. <input type="checkbox"/> Other (describe below) |
| 7. <input type="checkbox"/> Cooling tower water | |

Describe:

B. Discharge location:

Address:

Township/Range/Section: T _____, R _____, Sec. _____, B&M _____ Latitude _____ Longitude _____

Attach a map showing the discharge site, receiving waters, other nearby surface waters, nearby wells & residences, treatment system, etc.

V. RECEIVING WATER INFORMATION

A. Does your facility discharge to (Check one):

1. ☐ Storm drain system - Enter owner's name: _____

2. ☐ Directly to waters of U.S. (e.g., river, lake, creek, ocean)

3. ☐ Indirectly to waters of U.S.

B. Name of closest receiving water: _____

VI. LAND DISPOSAL/RECLAMATION

The Water Quality Control Plan encourages reuse/reclamation or land disposal of wastewater where practical. You must evaluate and rule out this alternative prior to any discharge to surface water under this General Permit.

Is land disposal/reclamation feasible? Yes _____ No _____ (explain on separate sheet)

VII. FEES

A check payable to the State Water Resources Control Board in the amount appropriate for a discharge with a complexity rating of III-C must be submitted. Applicants should contact the Water Board for the current fee.

VIII. CERTIFICATIONS

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment." In addition, I certify that the provisions of the permit and the Monitoring Program, will be complied with.

Printed Name: _____ Title: _____

Signature: _____ Date: _____